



## **QI Boxset: Mortality and Morbidity Meetings in practice.**

**Pam Mosedale, QI Clinical Lead BVetMed MRCVS, Chair of QIAB.**

**Sara Jackson, VetMB PhD CertAVP(ECC) MRCVS**

RCVS Knowledge:

Welcome to the Quality Improvement Boxset by RCVS Knowledge, a series of webinars, podcasts, and video interviews for practices and practitioners.

Pam Mosedale:

Hi everyone. Today I'm going to talk to Sara Jackson from VetsNow. Sara is District Clinical Lead for eight clinics up in the North of England and Scotland. Hi Sara.

Sara Jackson:

Hi there. Thank you very much for inviting me today.

Pam Mosedale:

No problem. And we're going to talk about M and M's, not the sweets, but the Morbidity and Mortality Rounds so I wonder if you'd be able to share with us a little bit about why you decided to set up M and M Rounds in your clinics.

Sara Jackson:

Yeah, no problem at all. So just to say, I've sort of, I've been graduated around about 10 years and I've heard about M and M Rounds multiple times, but I never instigated them. And then coming into this job role, I felt that it was really a way to use an ability to review and reflect and use that to actually learn about mistakes we might have made, but also learn about things that have gone really well. And also to bring the team together. I very much believe in our professional responsibility to learn from what we've done well and what we've done, perhaps, poorly but also bring the team together to try and help each other and support each other in that process. So that really is why I wanted to do it. And also it gives us a structure to talk about it. So we do it on a day-to-day basis anyway, but this really allowed us to bring a structure to it.

Pam Mosedale:

That's a really good point. I think everyone in practice has always reflected on things that happen, haven't they? But it's definitely about making it something that's done regularly and in a structured way. Did you find it easy or difficult to get your other team members engaged with the M and M's?

Sara Jackson:

This pandemic has been very difficult but what I would say is it has in some ways been a bit of a silver lining. I have thought about setting these up for quite some time, but time is that sort of mysterious thing that we find difficult to find sometimes, especially in emergency work, to get people together, especially across different clinics. So doing it through the pandemic, we've been able to move it online and I think that has really made a difference. You know, we have actually got remarkable engagement in it, you know, none of it's mandatory. People can come if they want. We get 10, 13 people, and it's been absolutely fantastic.

Pam Mosedale:

Yeah, I was wondering about that with you being an emergency clinic, how easy it was, to get people together? But yes doing it online. Do you think you'll carry on doing these online once we all get back to normal when hopefully we do

Sara Jackson:

Normal? I actually, yeah, absolutely I do. I think for us as an emergency practice, I think there are a number of benefits to it, unlike where we could have lunch and learns perhaps. In general practice, we don't easily have that opportunity. Also, eight clinics, you know, there's a number of people in each clinic, but doing it online means we can bring the whole district together. So by doing that, we actually get more cases, more people, and we'll get different ideas. So we're bringing that support to a wider level at the company, but we're also bringing in many different facets and ideas as well. So it actually works a lot better being online.

Pam Mosedale:

So how do you decide which cases are suitable to discuss in your M and M meetings?

Sara Jackson:

So I think that's a really, really good question. And initially, the ball got rolling, I guess by myself because, you know, within VetsNow, we do very much have this reflective culture, and we do look at what cases are there. And for example, the first one was on sepsis. I'd noticed some people had said to me, 'I'm struggling with identification of sepsis, the current treatments on sepsis'. So I went and found a case, I presented it. My colleague who was in charge of it was at the M and M Rounds she was happy for me to run it though. And that's how I chose that first case. And she came in. And then after that I actually had people say, 'Do you know what? That wasn't as scary as I thought. Do you know what? Yeah, okay. Yeah, I'm willing to do it'. So again, because I always love feedback, I put it out there, you know, 'How did you find it? Was it beneficial? Would you do one?' o our next one was a GDV and bless my colleague, she was very upset. The patient had died. So she wanted to present, you know, what had gone on in the case. We found a really supportive way to do it. So, you know, we used different methods to find cases. We are moving over to also looking at some non-clinical cases as well, so where perhaps communication's broken down or something like that. So we bring the non-clinical staff in, and our next clinical M and M is actually going to be on a case that went really well. And the reason that, again, we wanted to look at it from that side of things is we want our teams to be proud of what they do.

We want our teams to say, 'You know what? I did a brilliant job here', but also there could be teams further down the road... So you know, this particular team has done it, but another team within the district might actually not know how to deal with that case. So they're going to learn things from that as well. So yeah, we have lots of different criteria for choosing, but we don't want to only be on things that have gone potentially wrong, or things could have been different. We want to prove... Yeah, bring the good ones into.

Pam Mosedale:

That's really interesting because I've always thought that about the term M and M's, morbidity and mortality. It all starts from a slightly, slightly negative place, whereas in Significant Event Audits, we very much say look at the things that go well as well. So I'm really glad that you are looking at some cases that go well too. Because I think that's, that's really useful. Do you have a set structure for the way you actually look at the cases in the meetings?

Sara Jackson:

Yeah, so if we look at the GDV case, for example, we did start off by saying, you know, people come in and, and talk when you want. But you know, she went through the history, the signalment, she then went through her decision-making process, she'd put her blood results, any imaging results, the surgery, et cetera, and so on and so forth. And then she, she sort of said, 'This is where I think I could have done things differently. This is where I feel like I could have done better', et cetera, et cetera. And then she invited people to say what are your thoughts at this time? And then I would take the opportunity if there were sort of some broader picture things to deal with within how to deal clinically with a GDV, for example, in stabilisation, I would then bring those aspects in as well to make sure pointers weren't missed. And then right at the end we sort of reflect on what went well again. And I know that she walked away saying, 'This wasn't actually my fault. I feel so much better and more comfortable'. And other people have taken away things that they might not have known about stabilisation of GDV. So yeah, it was a win-win all around.

Pam Mosedale:

That sounds great. It sounds like really good for morale as well. So do you look at the evidence base around the things you're going to look at?

Sara Jackson:

Yes, absolutely. So I will spend time, so even if I'm not running it, I will spend the time researching the topic. So if we go back to the sepsis one, so for example, the surviving sepsis guidelines, sort of human guidelines, and when they about the one-hour treatment bundle and things like that and you know, they have this consensus report on it. You know, I'll go away and I'll look at that evidence and then I will say to them, 'Here you go'. And we'll give them the papers. We'll give them the references as well. So that's very much I feel is partly my job as well. So within the M and M Round, I will ask my guys to do that to some extent, but I'll also make sure I've dotted all the I and crossed the Ts so that I can bring it up.

Pam Mosedale:

So you're facilitating the meeting, but you're also making sure there's the evidence there when it needs to be. Yeah. And what do you think the overall effect has been of having these meetings regularly?

Sara Jackson:

I think it really does boost morale. I think it's, again, and this is something that I think in terms of the importance of mental health, I'm both an advocate for it, but also it's, you know, it's really, really important for our staff. So I think learning from mistakes helps in that sense in mental health. So I think that's been a positive, but it is also a way of clinical governance, which as far as I'm concerned, that is our moral and ethical as well as our professional responsibility. So I think it really brings that to the forefront of people's brains and what we want to see is a change in practice. And I think that very much does happen. So I know that there have been some changes in practice with the sepsis things and people are more confident in recognising it and approaching the one-hour bundle.

Pam Mosedale:

And do you keep records? You record the meetings, don't you? But do you also keep some sort of records of what's being discussed so people can easily look back later and find, you know, 'Oh, I remember there was one a year ago about sepsis', can that happen?

Sara Jackson:

So it's still in its infancy, so everything is recorded. So that again means even if I've only got 10 members of staff there, multiple other staff can look at it and access it and I will send it out to them. But I am also starting to have a system to record many of these things anyway, whether it is as a significant event review, whether it's an M and M Round, or anything because I want to ascertain, quantitatively, that the same things aren't happening time and time again if there are any near misses or errors.

Pam Mosedale:

And the vets attend these, so do nurses attend too? What about the rest of the team?

Sara Jackson:

Yeah, brilliant question. And the reason that I say that is that I specifically want our nurses to attend. We work in parallel with each other. Our next M and M Round and specifically, is again a case that went well, will be presented by our new Nursing Clinical Lead within District. So absolutely. And then like I say, if there are non-clinical aspects like communication, we are going to start something similar, but it's difficult to call it an M and M Round, but an equivalent to that as well. E want to bring all of the team in, yeah.

Pam Mosedale:

Yeah, I think that's great, isn't it? To involve everybody, especially when you are talking sometimes about less clinical things. The reception team might have a voice too that they would like to be heard.

Sara Jackson:

Yeah. I'm not actually sure if it is yourself that recommended this to me, but the more people we have in the team, the more ideas we can get. So, you know, absolutely everyone should be included.

Pam Mosedale:

Wonderful. Now it sounds like they're going down really well and thank you very much for sharing it all with us, Sara, because I'm sure everyone else can learn something from this too. For those clinics who... What would be your message to those people who aren't doing M and M Rounds yet?

Sara Jackson:

See it as a positive, very much step away from any form of blame. Keep an open mind. I've been a vet for 10 years, I've made mistakes, I have lost patients and they have died and I have learned from them. So be that open-minded person who just wants to learn from mistakes and be willing to discuss it with your team on an equal footing.

Pam Mosedale:

That's wonderful. That's really inspirational and that's part of a learning culture, which is what we all strive for, isn't it?

Sara Jackson:

Yeah, absolutely. And it's, you know, one I came into perhaps later in my career but it is one that I'm extremely proud of and I love this equality that I have and I experience. And I love the teams I work with. So yeah.

Pam Mosedale:

Thanks Sara. That's wonderful. Thank you so much for sharing your time with us today.

Sara Jackson:

Not a problem. You take care and stay safe.

Pam Mosedale:

Thank you. Bye

Sara Jackson:

Bye.

RCVS Knowledge:

For further courses, examples and templates for Quality Improvement, please visit our Quality Improvement pages on our website at [rcvsknowledge.org](http://rcvsknowledge.org).

Our transcripts and closed captions are generated manually and automatically. Every effort has been made to transcribe accurately. The accuracy depends on the audio quality, topic, and speaker. If you require assistance, or something doesn't seem quite right, please contact [ebvm@rcvsknowledge.org](mailto:ebvm@rcvsknowledge.org)

This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/). Feel free to adapt and share this document with acknowledgment to RCVS Knowledge. This information is provided for use for educational purposes. We do not warrant that information we provide will meet animal health or medical requirements.